POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		54383	3-24-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date							Claim		Date							Claim		Date						
Final	Original								Final	Original								Final	Original							
	1	✔	✔							51									101							
	2									52									102							
	3									53									103							
	4									54									104							
	5									55									105							
	6									56									106							
	7									57									107							
	8									58									108							
	9									59									109							
	10									60									110							
	11									61									111							
	12									62									112							
	13									63									113							
	14									64									114							
	15									65									115							
	16									66									116							
	17									67									117							
	18									68									118							
	19									69									119							
	20	✔	✔	–	–					70									120							
	21		✔	✔						71									121							
	22									72									122							
	23									73									123							
	24									74									124							
	25									75									125							
	26									76									126							
	27									77									127							
	28									78									128							
	29									79									129							
	30									80									130							
	31									81									131							
	32									82									132							
	33									83									133							
	34									84									134							
	35									85									135							
	36									86									136							
	37									87									137							
	38									88									138							
	39									89									139							
	40									90									140							
	41		✔	✔						91									141							
	42									92									142							
	43									93									143							
	44									94									144							
	45									95									145							
	46									96									146							
	47									97									147							
	48									98									148							
	49									99									149							
	50									100									150							

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY